

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: — — — — —  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/06/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOME CARE PARTNERS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1234 MASSACHUSETTS AVENUE NW, SUITE C-1002 WASHINGTON, DC 20005</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from November 5, 2013, through November 6, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to three hundred thirty-five (335) patients and employs one hundred eleven (111) staff to include home health aides and other administrative staff. The findings of the survey were based on a review of sixteen (16) current patients' records, four (4) discharged patients' records, twenty (20) personnel files, five (5) home visits and fifteen (15) telephone interviews with current patients.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Client Plan of Care Addendum (CPOCA) Executive Director (ED) Federal Center for Disease Control (FCDC) Home Care Agency (HCA) Home Health Aide (HHA) Personal Care Aide (PCA) Plan of Care (POC) Purified Protein Derivative (PPD) Registered Nurse (RN) Social Worker (SW)</p>	H 000		
H 163	<p><b>3907.7 PERSONNEL</b></p> <p>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.</p> <p>This Statute is not met as evidenced by:</p>	H 163		

Health Regulation & Licensure Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Executive Director

11/26/13

Health Regulation & Licensure Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0007		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _ _ _ _ _  B. WING		(X3) DATE SURVEY COMPLETED  11/06/2013	
NAME OF PROVIDER OR SUPPLIER  HOME CARE PARTNERS				STREET ADDRESS, CITY, STATE, ZIP CODE 1234 MASSACHUSETTS AVENUE NW, SUITE C-1002 WASHINGTON, DC 20005			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 163	<p>Continued From page 1</p> <p>Based on review of personnel records and interview, the home care agency (HCA) failed to ensure that each employee was screened for communicable disease annually and certified free of communicable disease for one (1) of five (5) SWs, 1 of two (2) RNs and three (3) of thirteen (13) HHAs in the sample. (SW #14, HHA's #6, #17 and #18 and RN #3).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of RN #3's personnel file on November 5, 2013, at approximately 10:43 a.m., revealed no documented evidence of a current PPD skin test and that RN #3 was free from communicable disease according to the guidelines issued by the FCDC.</li> <li>2. Review of SW #14's personnel file on November 5, 2013, at approximately 12:35 p.m., revealed no documented evidence of a current PPD skin test and that SW#14 was certified free from communicable disease according to the guidelines issued by the FCDC.</li> <li>3. Review of HHA #6's personnel file on November 5, 2013, at approximately 1:15 p.m., revealed no documented evidence of a current PPD skin test and that HHA #6 was certified free from communicable disease according to the guidelines issued by the FCDC.</li> <li>4. Review of HHA #17's personnel file on November 5, 2013, at approximately 1:55 p.m., revealed no documented evidence of a current PPD skin test and that HHA #17 was certified free from communicable disease according to the guidelines issued by the FCDC.</li> <li>5. Review of HHA #18's personnel file on</li> </ol>			H 163	<p>At the time of the survey, Home Care Partners had been unable to obtain PPDs due to a regional shortage. Home Care Partners had already contacted the DC Department of Health, Chest/ TB Clinic about this problem and had been offered a supply of PPDs, as soon as available. A letter describing this issue and the proposed resolution with the Department of Health was presented to the surveyors at the time of the survey.</p> <p>Home Care Partners was able to obtain 130 doses of PPDs (two 50 dose and three 10 dose) from the DC Department of Health Chest/ TB Clinic on November 13, 2013.</p> <p>PPD administration/ communicable disease screenings are now scheduled for December 13, 2013. All of the employees identified by the surveyors will be screened on December 13, 2013.</p> <p>PPD/ communicable disease monitoring is conducted jointly by our Infection Control Manager and Human Resources Manager and will continue to ensure that this type of lapse does not occur again.</p>		12/13/13

Health Regulation & Licensure Administration

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _ _ _ _  B. WING		(X3) DATE SURVEY COMPLETED  11/06/2013
NAME OF PROVIDER OR SUPPLIER  HOME CARE PARTNERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1234 MASSACHUSETTS AVENUE NW, SUITE C-1002 WASHINGTON, DC 20005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFIC IENCY)	(X5) COMPLETE DATE	
H 163	Continued From page 2  November 5, 2013, at approximately 2:05p.m., revealed no documented evidence of a current PPD skin test and that HHA #18 was certified free from communicable disease according to the guidelines issued by the FCDC.  During a face to face interview with the ED on November 5, 2013, at approximately 3:40p.m., it was acknowledged that RN #3, SW#14, and HHAs #6, #17 and #18 did not have an annual screening for communicable disease that documented they were certified free of communicable disease in their personnel files. Further interview revealed that the agency would ensure that RN #3, SW#14, HHAs #6, #17 and #18 obtain current PPD skin testing to ensure they were certified free from communicable disease.	H 163			
H 355	3914.3(d) PATIENT PLAN OF CARE  The plan of care shall include the following:  (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies;  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the POC included the expected duration for two (2) of twenty (20) patients in the sample that required services of a PCA. (Patients #10 and #20)  The findings include:	H 355	Training in completing the Plan of Care Addendum form in its entirety, including the expected hours/ visits per week of PCA services, for the two case managers for Patients # 10 and # 20 occurred immediately following the survey. Training for all the DC case managers will occur at the next scheduled DC case manager meeting on December 5, 2013. Record reviews are conducted semi-annually; completion of the Plan of Care Addendum is included in these reviews to ensure that PoC addendums are completed in their entirety.	12/5/13	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING — — — — — — — B. WING	(X3) DATE SURVEY COMPLETED  <b>11/06/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOME CARE PARTNERS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1234 MASSACHUSETTS AVENUE NW, SUITE C-1002 WASHINGTON, DC 20005</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 355	<p>Continued From page 3</p> <p>Review of the following CPOCAs on November 5, 2013, between 11:30 a.m. and 3:00p.m., revealed no documented evidence the CPOCAs included the expected hours/visits per week for PCA services as evidenced by:</p> <p>1. Patient #10's CPOCA dated July 24, 2013, revealed that the patient was to receive PCA services from the hours between 7:00a.m. and 10:00 a.m. weekly; however the CPOCA failed to include the expected number of visits per week for the PCA services.</p> <p>2. Patient #20's CPOCA dated February 5, 2013, revealed that the patient was to receive PCA services weekly. However the CPOCA failed to include the expected number of hours and visits per week for PCA services.</p> <p>During a face to face interview with the ED on November 5, 2013, at approximately 3:55p.m., it was indicated that the agency would provide training to the clinical staff on how to accurately document the expected hours/visits per week for PCA services on the CPOCA for Patient #10 and #20.</p>	H 355		